**Psoriasis Family Index (PFI-14)©**

Confidential

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| --- | --- | --- | --- | --- |
| The aim of this questionnaire is to measure how much your life is being affected now by your relative’s or partner’s psoriasis.Please mark one box for each of the 14 questions.**Because of my relative/partner’s psoriasis...** Your age: \_\_\_\_\_\_ Your relationship to the patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your gender: Male/Female Patient’s diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please answer the following questions:** |  |  |  **Not at all A little A lot Very much** |  |
| **1.** | I feel embarrassed  |  |  |  |   |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **2.** | I feel frustrated/annoyed |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **3.** | I worry about the reaction of other people |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **4.** | I worry about their future |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **5.** | My relationship is affected |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **6.** | The amount of housework related to **psoriasis** had increased (e.g. vacuuming scales) |  |  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **7.** | The amount of housework relating to **treatment** has increased (e.g. cleaning up cream, washing clothes) |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **8.** | I spend time on treatment |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **9.** | My social life is affected |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **10.** | My swimming and other sporting activities are affected |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **11.** | My holidays or other leisure activities are affected  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **12.** | The type of clothes I buy for them is affected |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **13.** | My routine shopping is affected |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **14.**  | My sleep is affected  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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**Please check that you have answered every question. Thank you.**